

more attractive. The current military enrollment of some 3,000,000 includes some 2,000,000 men who are serving involuntarily as draftees. Further, about 1,000,000 men a year drop out of the military forces through retirement or completion of their draft terms. To make it more attractive for those who contribute to this huge turnover to remain in the armed forces, the government is offering the financial and moral incentive of care for the family dependents of the uniformed men.

How many military dependents will seek civilian care under this program, nobody knows. Just how well the program will work out is also moot. As a new endeavor on the part of both government and civilian physicians, the program presents a number of questions which will be determined only by experience.

To date the Department of Defense has clearly indicated its desire to utilize civilian hospitals and civilian physicians in the Medicare program and to deal with representative medical organizations in contracting for the desired services. Only one state has declined to cooperate on this basis.

In the near future the decisions of the C.M.A. Council and the C.P.S. Board of Trustees will be known. If both bodies favor signing the contract,

the machinery will be put in motion to inaugurate the plan on December 7. When official sanction has been voted, members of the California Medical Association will be provided with full information about the plan, a schedule of fees to apply and directions for handling patients who are eligible. The time is short but as much advance notice as possible will be given to all members.

In putting this program into effect, civilian physicians will be undertaking the responsibility of providing the finest medical service possible to this group of military dependents. The doctors are on notice that the government can take this program away from them if it so desires or if the quality of service falls below acceptable standards. It is obvious that many governmental officials would prefer to handle all this care in military establishments alone, to the exclusion of all civilian facilities.

This threat will hang over the heads of private physicians during the trial period of the Medicare program. In due time we will know whether or not medicine can discharge this trust in exemplary fashion. Meanwhile, it is incumbent on all physicians to handle this program as a trust, an obligation of the entire profession and an opportunity to prove the true potential of the medical profession.

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## *Letters to the Editor...*

Referring to the Medical Directory of the California Physicians issued by the Board of Medical Examiners, Volume 1956, I was surprised to find a most radical change therein.

The earliest directory I have is a very small issue of 1904 in which the doctors in the various cities of the state were listed in the cities in which they practiced. Subsequently the roster of members was classed into counties and has thus existed until this 1956 issue. In that issue the doctors are not classified as to the respective counties but are under one general heading in alphabetical order. Not only did the previous directories classify the physicians as to counties, but also specified the number of physicians in such county.

For statistical purposes of course this was very valuable to those interested.

Frequently I have occasion to refer patients to a physician in a county in which they live and in the past have found no difficulty in thus locating a physician. Under the present setup it would be almost impossible to locate a physician in a designated county.

I cannot account for this radical departure from a system which to my knowledge has been in vogue for over fifty-three years and am writing you hoping you might bring this matter before our physicians and suggest that those who object to the 1956 directory send their protest direct to the Board of Medical Examiners. . . .

Yours very truly,

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